

SUMMARY*

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THIS conference brought together under nonpolitical auspices a broad range of points of view which were discussed freely in public forum. There was much agreement concerning the goals to be achieved. The suggested methods of reaching these goals varied, particularly with regard to the payment plans. Here the range was represented at one end by Senator Edward M. Kennedy's Health Security Act, which put all payments under a federal umbrella, and by the plan proposed at the opposite end by Dr. Edgar T. Beddingfield of the American Medical Association, in which the insurance carriers would be the major paymasters. There was greater agreement among the speakers about the need for changes in the delivery of medical care. Dr. Paul J. Sanazaro's presentation was especially illuminating in describing some experiments in delivery systems now being set up by the National Center for Health Services Research and Development. Perhaps if the economic aspects and the professional delivery phases of this complex problem could be considered separately, greater progress might be made. Many of the speakers favored the coexistence of different types of delivery systems to be tested for effectiveness and cost. This program might better meet the diverse needs in contrast to a single, monolithic health care delivery system for the entire country. It was agreed that professionalism should prevail in working out the most appropriate types for specific area needs: i.e., urban, rural, etc.

Interesting lessons are to be learned from the experiences recounted by Dr. John H. F. Brotherston from Scotland, by Dr. John E. F. Hastings from Canada, by Dr. Mark G. Field concerning the Soviet Union, and by Dr. Milton I. Roemer in his review of systems developed in other countries.

A recurrent theme was the lack of consistent leadership from the

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administration. Herein, Dr. Hollis S. Ingraham's plea for a separate health department with cabinet status staffed by a nonpolitical core of professionals, seemed a step forward. He recommended a national advisory council of experts in health care selected from outside the government. He pointed out the chaotic organization of the many federal agency programs in health care and the need for reform.

With quiet eloquence Dr. George Tolbert recounted some of the experiences of the involvement of Howard University in a rural Mississippi area. Here is a region of essentially *no* health care, existing in the most affluent country in the world. When this problem was considered in the light of all the discussions which preceded it, particularly in relation to the comments on the limits of the size of the public treasury and the amounts of money available, it was clear that there was great urgency about resetting our national priorities and our expenditures.

Dr. David A. Kindig raised pointed questions about current medical education with particular regard to its failure to prepare students for meeting the problems of health care, especially of the poor.

The broad and philosophic keynote statement of Lord Ritchie-Calder brought into focus our contemporary medical science, how it is being used and misused, and how it might be of service to heighten the well-being of living as well as the dignity as of dying.

These moving comments were sharp reminders of the widening areas of awareness and of responsibility being pressed upon all of us concerned with health care. One felt that the conference had succeeded in its purpose through the sincere efforts of all who participated, and one would hope that the future achievements will justify expectations.

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